Patient Admission Information Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge having received upon admission the following information:

* Program Rules and Regulations
* Patient’s Rights
* Voluntary Consent to Treatment (including consent for methadone and/or Burprenorphine, replacing FDA 2635-A form if applicable)
* HIPPA Privacy Notice
* Summary of Federal Confidentiality (42 CFR)
* Program Orientation: Including Scope of Services, Drug Testing and Financial Information
* Advanced Directives

I further acknowledge that the above mentioned information was discussed with me and that I clearly understand such information.

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(Client’s Signature) (Date)

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(Responsible Staff Member) (Date)

Cd 6-10-20